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Attorneys for Kimberly Allen

UNITED STATES DISTRICT COURT
 FOR THE DISTRICT OF ALASKA

KIMBERLY ALLEN, Personal)
 Representative of the ESTATE OF TODD)
 ALLEN, Individually, on Behalf of the)
 ESTATE OF TODD ALLEN, and on)
 Behalf of the Minor Child PRESLEY)
 GRACE ALLEN,)

Plaintiffs,)

vs.)

UNITED STATES OF AMERICA,)

Defendant.)

PLAINTIFF'S THIRD

SUPPLEMENTAL DISCLOSURES

Case No.: A04-0131 (JKS)

Kimberly Allen, Individually and on behalf of the Estate of Todd Allen, by and through her attorney of record, Donna J. McCready, hereby supplements her initial disclosures as follows:

(B) Discoverable Documents and Records:

- Medical records for Kimberly Allen from Dr. Thomas Wiggins of Medical Park Family Care, Bates stamped Wiggins-1 – Wiggins-16.

ASHBURN & MASON P.C.
 LAWYERS
 1130 WEST SIXTH AVENUE, SUITE 100
 ANCHORAGE, ALASKA 99501-5914
 TEL 907.276.4331 • FAX 907.277.8235

DATED: 4-27-05

ASHBURN & MASON, P.C.
Attorneys for Plaintiff

By: 

Donna J. McCready
Alaska Bar No. 9101003

CERTIFICATE OF SERVICE

I certify that the original of the foregoing was
hand-delivered on the 27th day of April 2005
to:

Gary Guarino
U.S. Attorney's Office
222 West 7th Avenue, #9 – Room 253
Anchorage, AK 99513

ASHBURN & MASON, P.C.

By: 

Barbara A. Horn

P:\Clients\10194\Discovery\Supplemental Disclosure (3).doc

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PLAINTIFF'S THIRD SUPPLEMENTAL DISCLOSURE

Allen v. USA

Case No. A04-0131 CV (JKS)

CHRONIC DIAGNOSES	DATE	CHRONIC MEDICATIONS	START DATE	STOP DATE
1. Carpal tunnel (C)		1. Zilact 500, qd	12/8/04	✓
2. Latent Epicondylitis		2. Xanax 0.5m		
3. Anxiety		3. Zilact 100m, qd	12/15/04	
4.		4.		
5.		5.		
6.		6.		
7.		7.		
8.		8.		
9.		9.		
10.		10.		
11.		11.		
12.		12.		
13.		13.		
14.		14.		
15.		15.		
16.		16.		
17.		17.		
18.		18.		
19.		19.		
20.		20.		
Surgeries / Hospitalizations		21.		
1. ✓		22.		
2.		23.		
3.		24.		
4.		25.		
		ALLERGIES		
		Drug / Reaction	Drug / Reaction	
		Erythromycin		
		Effector (GI upset)		
Occupation <u>Bookkeeper</u>		Other Social History		
Tobacco use <u>Q</u>		<u>Marijuana</u>		
Alcohol use <u>Seldom</u>		Last HCM review (use pencil only) / /		

Patient: Allen, Kim
DOB: 05-16-70
Date: April 5, 2005
Dictated by: Thomas T. Wiggins, M.D.

CHART NOTE:

S: She is here to follow up on depression anxiety issues and some sinus problems. I had initially seen her in December and placed her on Zoloft, which she ultimately had a good response to. She switched to taking it in the morning and that helped with some of the sleep issues she was having. She had seen Dr. Aarons in follow up on March 16 and medication were refilled. She had been off the medicine for a few days and had some recurrence of symptoms. She has a deposition this Thursday with regard to her husband's death. He passed away from a cerebral aneurysm a couple of years ago and there is a lawsuit involved. She has been more stressed and the Zoloft has not been holding things and she has been using Xanax up to three times per day. Her sleep has not been the greatest either.

Also, for the better part of the last week she has had sinus congestion, ear pressure, posterior drip, and a mild cough. There have been no fevers or chills. She has not tried any decongestants. She was not sure how those would interact with the other medications that she is on. She did not admit to any suicidality.

O: Blood pressure is 120/74, pulse 78, and weight is 157 pounds. The patient is an alert woman in no distress. HEENT: TMs are clear bilaterally. Nares have marked congestion. Mucous membranes are moist with postnasal drip. Neck is supple without lymphadenopathy. Lungs: Clear. Respirations are nonlabored. Cardiovascular: Regular rate and rhythm. Normal S1 and S2 without S3 or S4. Psychiatric: She seems a little stressed but not overtly depressed today. She admits that she is worked up with the upcoming disposition.

A&P:

1. Anxiety: She is having further symptoms because of the upcoming deposition. That is putting quite a bit of stress on her. I increased the Zoloft to 100 mg and refilled her Xanax 0.5 mg No. 60. Hopefully this will help even things out for her. We will see her back in two to three months or sooner if she is having problems.
2. Sinusitis: I prescribed Augmentin 875 mg twice per day for 10 days.

TTW/VOICETRANSSCRIPTION



Wiggins-2

CHART NOTES

Medical Park Family Care

DOB: 5-16-70

PHONE: 223 8728

NAME: Kim Allen

DATE: 4-5-05

TIME IN:

TIME OUT:

HPI: Location, quality, duration, severity, timing, context, modifying factors, associated signs & symptoms

SUBJECTIVE: 34 y.o. ♀ - Recheck on
 Depression & anxiety, thinks
 & upoeking - Med Renewal
 (2) Sinus drainage - ears ptyosed
 H. very emotional

ROS:	Neg	Pos	Allergies:
Const.			
Eyes			No Change
ENT/Mouth			Smoker: Y (N)
CV			BP: 120/74
Resp.			Temp: -
GI			Pulse: 78
GU			Height: 5'5"
Musc.			Weight: 157
Skin			LMP: 4-4-05
Neuro.			Meds: 201-ft Xanax
Psych.			
Endoc.			
Hem/Lymph			
EXAM:	Wnl	Abn	
Eyes			
ENT/Mouth			
CV			
Resp.			
GI			
GU			
Musc.			
Skin			
Neuro.			
Psych.			
Hem/Lymph			
Const.			
NO EXAM			No Change

OBJECTIVE:

TESTS & PROCEDURES:

Review/Update
 PMHx Y/N
 FamHx Y/N
 SocHx Y/N


ASSESSMENT:

PLAN:

201-ft 100%,
 Xanax 0.5, #60

Greater than 50% of time spent in counseling/coordination of care? Y/N

Note Dictated: (Y) N

Signature: 

Wiggins-3

Patient: ALLEN, Kim
DOB: 05/16/70
Date: 03/16/05
Physician: Charles L. Aarons, MD

CHART NOTE

Patient is a 35-year-old female who ran out of Zoloft about 3 days ago, which she was taking for anxiety; also Xanax. Her symptoms and plan is well described in previous chart notes by Dr. Wiggins. She felt much better on Zoloft. She feels like her symptoms are returning.

She has some bilateral shoulder pain. She works at a keyboard as a bookkeeper. She has been lifting weights as well. She has a bit of shoulder pain with abduction and elevation bilaterally and some joint line tenderness. She also has some anterior chest wall tenderness in the area of the costochondral joints. Her lung sounds are clear. Her heart sounds are normal. She has already had an EKG.

I am going to have her restart Zoloft 50 mg and she was given a year's refillable prescription. She was also given alprazolam 0.5 mg, #60, ½ to 1 up to b.i.d. for anxiety. No refill on that. Return if chest pain continues for further investigation.

CLA/jt



Wiggins-4

PH

MEDICAL PARK FAMILY CARE INC.

CHART NOTES

NAME <u>Allen, Kim</u>		DATE OF BIRTH <u>5/16/70</u>	
DATE <u>MAR 16 2005</u>	TIME IN	TIME OUT	PHONE <u>223-8228</u>
HPI: Location, quality, duration, severity, timing, context, modifying factors, associated signs & symptoms		ROS:	NEG POS
SUBJECTIVE: <u>35 yr old female</u> <u>- Bilat shoulder pain x 2 days</u> <u>- RF ZOLOFT, XANAX</u> <u>Diut</u>		Const.	
		EYES	
		ENT/Mouth	
		CV	
		Resp.	
		GI	
		GU	
		Musc.	
		Skin	
		Neuro.	
		Psych.	
		Endoc.	
		Heme/Lymph	
		Aller/Immun	
		Exam:	
Eyes			
ENT/Mouth			
CV			
Resp.			
GI			
GU			
Musc.			
Skin			
Neuro.			
Psych.			
Heme/Lymph			
Const.			
NO EXAM			
ALLERGIES:			
SMOKER YES / NO			
BP:			
TEMP:			
PULSE:			
HEIGHT:			
WEIGHT:			
LMP:			
MEDICATIONS:			
OBJECTIVE:			
ASSESSMENT:		Reviewed/updated	
		PMHx YES / NO	
		Fam Hx YES / NO	
PLAN:		Social YES / NO	
		Dictated	
		YES / NO	
		Signature	
Greater than 50 % of time spent in counseling / coordination of care		YES / NO	

Patient: Allen, Kim
DOB: 05-16-70
Date: January 28, 2005
Dictated by: Thomas T. Wiggins, M.D.

CHART NOTE:

S: She is here to follow up on anxiety. I saw her on December 8th and she was feeling anxious, uptight, and having some physical symptoms including chest discomfort and fatigue. I prescribed Zoloft and she has done well with that. She actually took 25 mg for about two and one-half weeks and then increased it to 50 mg. For the first week or so she had some looser stools in the morning and she did switch to nighttime and that got better. Her energy is better as is her ability to deal with stress. She has noticed that it is tougher for her to get to sleep. I prescribed some Xanax and she has used that occasionally for more acute anxiety episodes or to help her sleep. She is out of that.

I also discussed her lateral epicondylitis on the right and her carpal tunnel on the left. Those are unchanged and not really causing her much problem. They are not keeping her up at night and she is not dropping things.

O: Blood pressure is 114/60, temperature 97.3, and pulse is 68. The patient is an alert woman in no distress. Psychiatric: She does not seem anxious or depressed.

A&P:

1. Anxiety: Good response to Zoloft. The looser stools may just have been initial symptoms that often happen when medicine is started. I advised her to go back to taking it in the morning, perhaps with food and see if that helps resolve her sleeping issues. Hopefully, she will not have the looser stools. If she is having recurring problems, options would be giving her something separate for sleep or perhaps switching to another agent, perhaps Effexor. She has tried that before but never took it for very long. I also prescribed Xanax 0.5 mg No. 30 to use for more acute episodes.
2. Carpal tunnel and lateral epicondylitis: Baseline. If she wants to pursue this further again she can let us know.

TTW/VOICETRANSSCRIPTION



MEDICAL PARK FAMILY CARE INC.

CHART NOTES

NAME <u>Alkn, Kim</u>		DATE OF BIRTH <u>5/16/70</u>	
DATE <u>JAN 28 2005</u>	TIME IN <u>5:20pm</u>	TIME OUT	PHONE <u>2238728</u>
HPI: Location, quality, duration, severity, timing, context, modifying factors, associated signs & symptoms		ROS:	NEG POS
SUBJECTIVE: <u>34 y.o. f - flu on</u> <u>Anxieties - "doing better," -</u> <u>Still has problems sleeping</u> <u>gfo</u>		Const	
		EYES	
		ENT/Mouth	
		CV	
		Resp.	
		GI	
		GU	
		Musc.	
		Skin	
		Neuro.	
		Psych.	
		Endoc.	
		Heme/Lymph	
		Aller/Immun	
		Exam: WNL ABN	
Eyes			
ENT/Mouth			
CV			
Resp.			
GI			
GU			
Musc.			
Skin			
Neuro.			
Psych.			
Heme/Lymph			
Const			
NO EXAM			
OBJECTIVE:		MEDICATIONS:	
ASSESSMENT:		Reviewed/updated	
		PMHx YES / NO	
		Fam Hx YES / NO	
PLAN:		Social YES / NO	
		Dictated YES / NO	
		Signature <u>[Signature]</u>	
Greater than 50 % of time spent in counseling / coordination of care YES / NO			

Patient: Allen, Kim
DOB: 05-16-70
Date: December 8, 2004
Dictated by: Thomas T. Wiggins, M.D.

CHART NOTE:

S: Kim is here with issues related to anxiety. For the last couple of years she has been under more stress. Things essentially started when her husband passed away unexpectedly from a cerebral aneurysm. They had just moved to Valdez and because of his passage she had to move back to Anchorage and buy a house. He also passed a couple of months before their first and only child was born. In addition to working in a legal office in the billing department she also has gone back to school to learn her degree. She complains of feeling anxious, chest pressure, and generally a little uptight, and not herself. There also is fatigue. The chest discomfort is more or less on a daily basis and can last several hours. She will often get up at 6:00 a.m. and go to bed at 12:00 a.m. She has no problems falling asleep or waking up or with early morning waking. She is able to concentrate on her job well. She feels things are going okay at school. No marked weight change. She denies suicidality or homicidality.

In 2002 she was seen and treated for more situational anxiety with Effexor XR. Her husband had been in a car accident and was having problems. The Effexor caused stomach upset and she was switched to Zoloft, which she took for maybe a month. She seemed to tolerate it okay. She denies hair loss. Her periods have been regular. No peripheral edema.

She also has some problems with tendinitis and carpal tunnel. The carpal tunnel is in the left hand and it is primarily wrist pain with some radiculopathic symptoms into the hand. She sees a local orthopedist for that and it sounds like she has been through some therapy which was of mixed benefit. She has never had any injections. It also sounds like they want to repeat some nerve conduction studies. She also has some problems with elbow tendinitis, likely lateral epicondylitis, and injections have been beneficial. It is not bothering her too much now and she does take Advil occasionally.

O: Blood pressure is 122/74, temperature 97.6, pulse 72, and weight is 157 pounds. The patient is an alert woman in no distress. Lungs are clear to auscultation. No rales or wheezes. Respirations are nonlabored. Cardiovascular: Regular rate and rhythm with no murmur. HEENT: No thyromegaly. Neck is supple without lymphadenopathy. Musculoskeletal: No atrophy of the hands is noted. No tremor or fasciculation. Grip is approximately equal bilaterally. She is nontender over the right lateral epicondyle.

Continued on Next Page . . .



Patient: Allen, Kim
Date: December 8, 2004
Page Two.

Office EKG showed normal sinus rhythm without acute ST changes or interval prolongation. She was having some discomfort when it was taken.

A&P:

1. Anxiety: I think most of her issues are related to stress and dealing with everything since her husband's death. There is also a lawsuit pending regarding the cerebral aneurysm. She is interested in going on something to help her deal with things. I prescribed Zoloft 25 mg one per day for a week followed by a full pill per day. I will see her back in three to four weeks.
2. Also check CBC, sed rate, and TSH.
3. She has finals next week and I have prescribed some Xanax for her to use.
4. Chest discomfort: I believe it is related to anxiety.
5. Fatigue: I believe this is also related to anxiety. Lab evaluation is pending.
6. Tendinitis/lateral epicondylitis: Doing okay now. I told her if she were to have an acute exacerbation we could repeat the injection here.
7. Carpal tunnel syndrome: It sounds like she will likely be following back up with her orthopedist.

TTW/VOICETRANSCRIPTION

A handwritten signature, possibly reading 'Ng', is written in black ink.

F. LELAND JONES, M.D.
DEA NO. AJ 5462596
KENNETH S. LAUFER, M.D.
DEA NO. AL 5795832
R. MATISON WHITE, JR., M.D.
DEA NO. AW 6088632
RICHARD R. TAYLOR, M.D.
DEA NO. AT 7859260
CHARLES AARONS, M.D.
DEA NO. AA 1634179

MEDICAL PARK FAMILY CARE, INC.

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GARY L. CHILD, D.O.
DEA NO. BC 1556628
TIMOTHY COALWELL, M.D.
DEA NO. BC 2925292
MARIO A. LANZA, M.D., FFAFP
DEA NO. BL 5079149
DARREN B. LEWIS, M.D.
DEA NO. BL 2793378
TIMOTHY N. LAUFER, M.D.
DEA NO. BL 6822046
JOHN M. GILLIS, M.D.
DEA NO. BG 6573566

NAME Kim Allen

ADDRESS _____

DATE 12/8/04

R

~~① CBC, ESR, ESR, Fatigue~~

② Fasting Lipids, glucose - Screening

12804
lab slip
Put in y

☐ GENERIC SUBSTITUTION OKAY UNLESS CHECKED

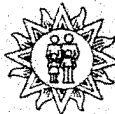
REFILL	1	2	3	NR	AD.LIB.
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DR. Thomas Wiggins

F. LELAND JONES, M.D.
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JOHN M. GILLIS, M.D.
DEA NO. BG 6573566

NAME Kim Allen

ADDRESS _____

DATE 12/8/04

R ① Zoloft 50mg 1/2 pill qd x 1wk,
then 1 pill qd.

sig: 1 month E 1 RF

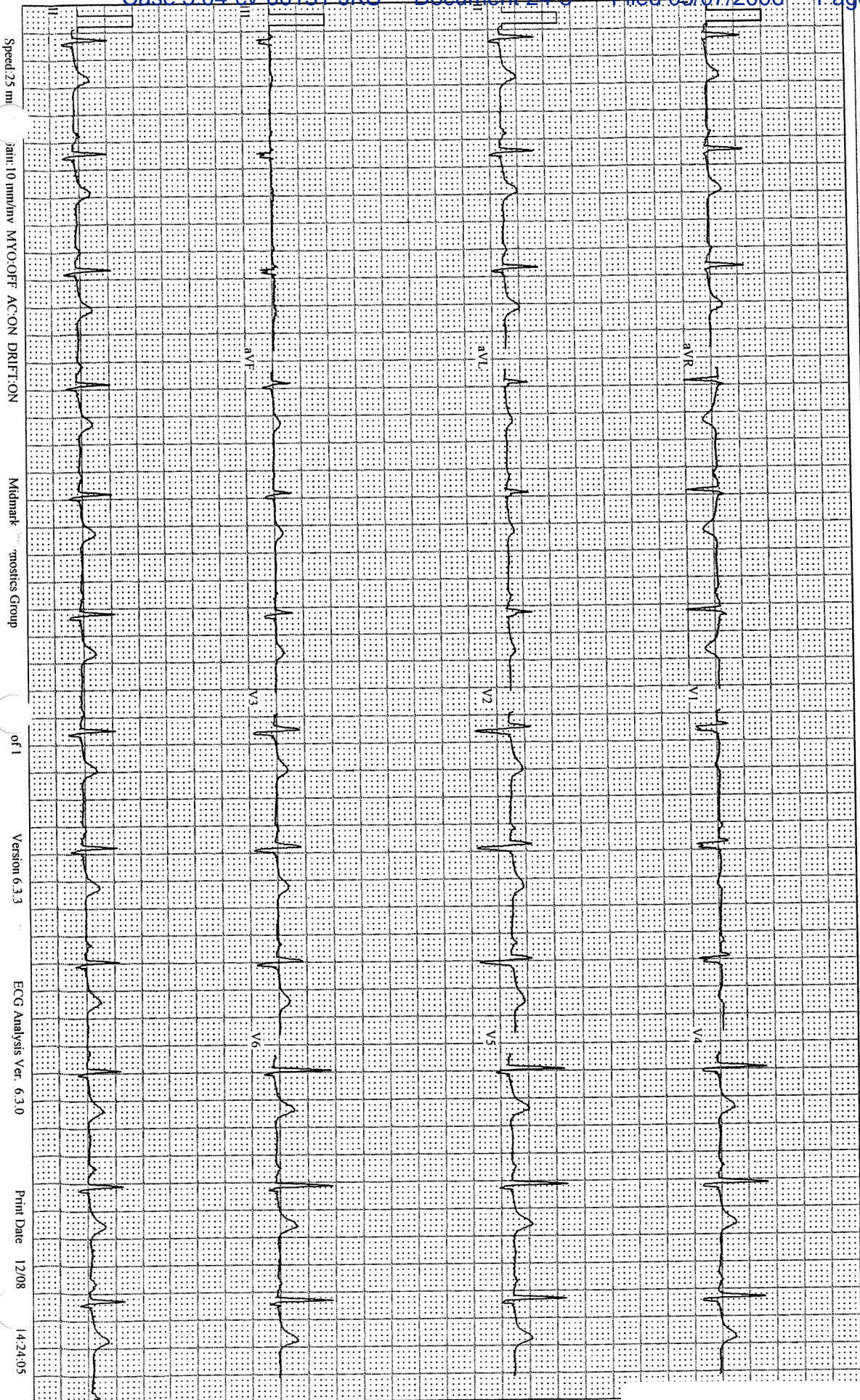
② Xanax 0.25mg, 1 po bid-tid prn #30
(chirky)
E 1 RF

☐ GENERIC SUBSTITUTION OKAY UNLESS CHECKED

REFILL	1	2	3	NR	AD.LIB.
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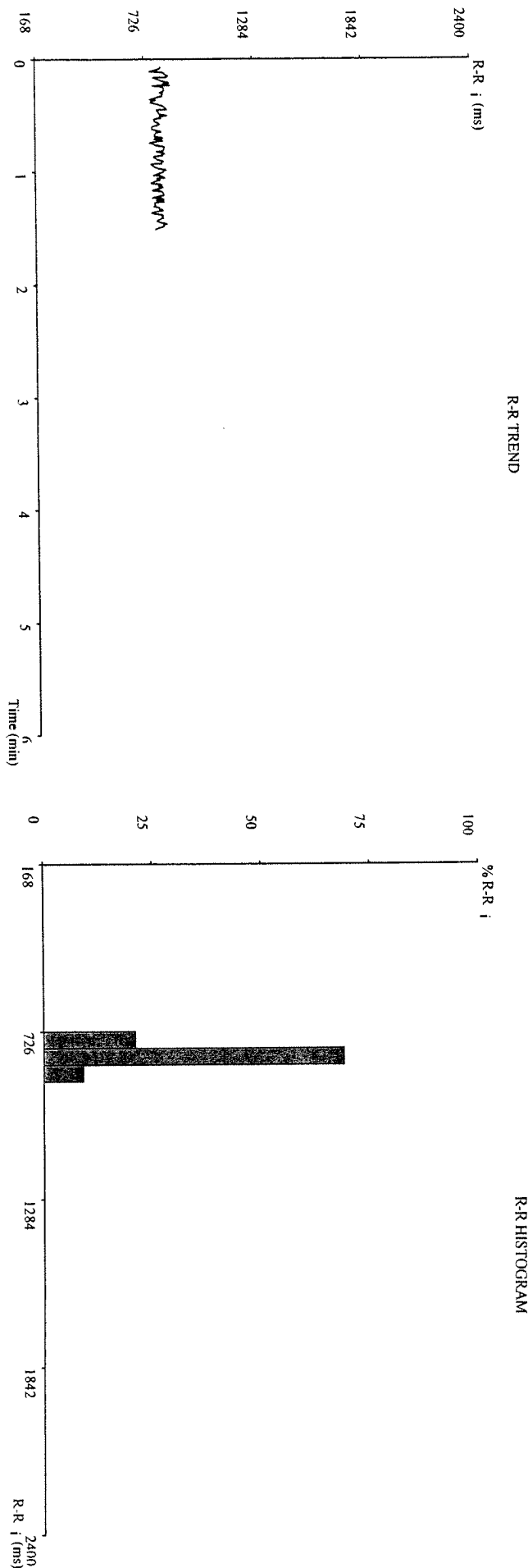
DR. Thomas Wiggins

Name:	KIM ALLEN	Midmark Diagnostics Group	Rate:	71	BPM	Interpretation:
ID:	81499	Req. Physician: Wiggins, MD	PR:	134	msec	Sinus Rhythm
Sex:	Female	Technician: Theresa Ambro	QT/QTc:	416/436	msec	P-QRS - 1:1, Normal P axis, H Rate 71
BP:		History:	QRSD:	96	msec	WITHIN NORMAL LIMITS
Weight:	lbs	Medication:	P Axis:	28		
Height:	inches	Date of Report:	QRS Axis:	12		
Age:	34 Years	Reviewed By:	T Axis:	32		
Comments:	Unconfirmed Report					

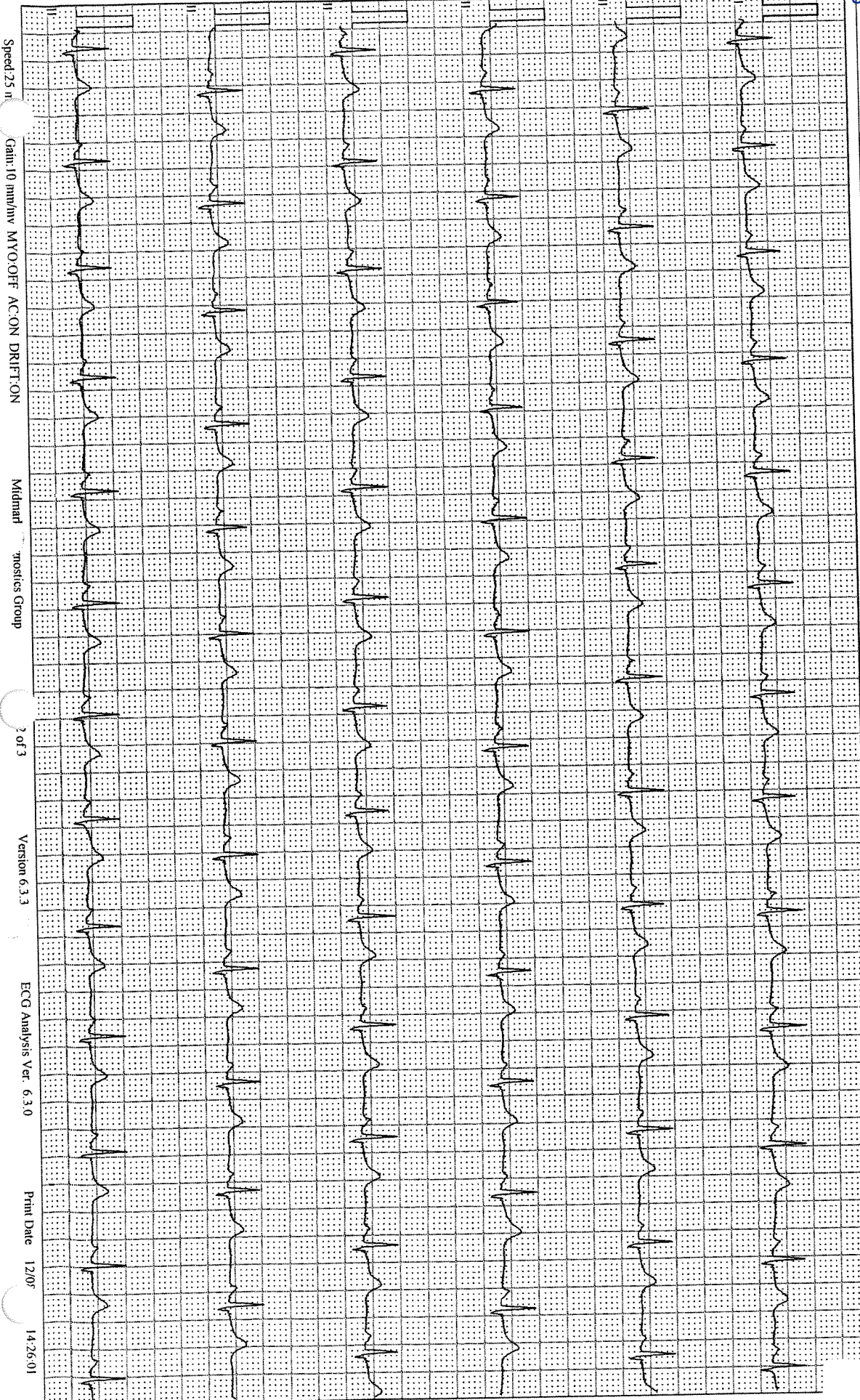


Name:	KIM ALLEN	Midmark Diagnostics Group	Req. Physician:	Wiggins, MD	Duration:	90	sec	Number of RR Interval:	107	Mean HR:	74	BPM
ID:	81499	Technician:	Theresa Ambro	Beats:	108	Mean RR:	806	msec	Max RR:	862	msec	
Sex:	Female	History:		Normal:	104	Min RR:	756	msec	Max/Min:	114 %		
BP:		Medication:		Premature:	0	R-R SD:	26		R-R CV:	3 %		
Weight:		Date of Report:	12/08/04	VECs:	0							
Height:		Reviewed By:		PACs:	0							
Age:	34	Review Date:										
Comments:	Unconfirmed Report											

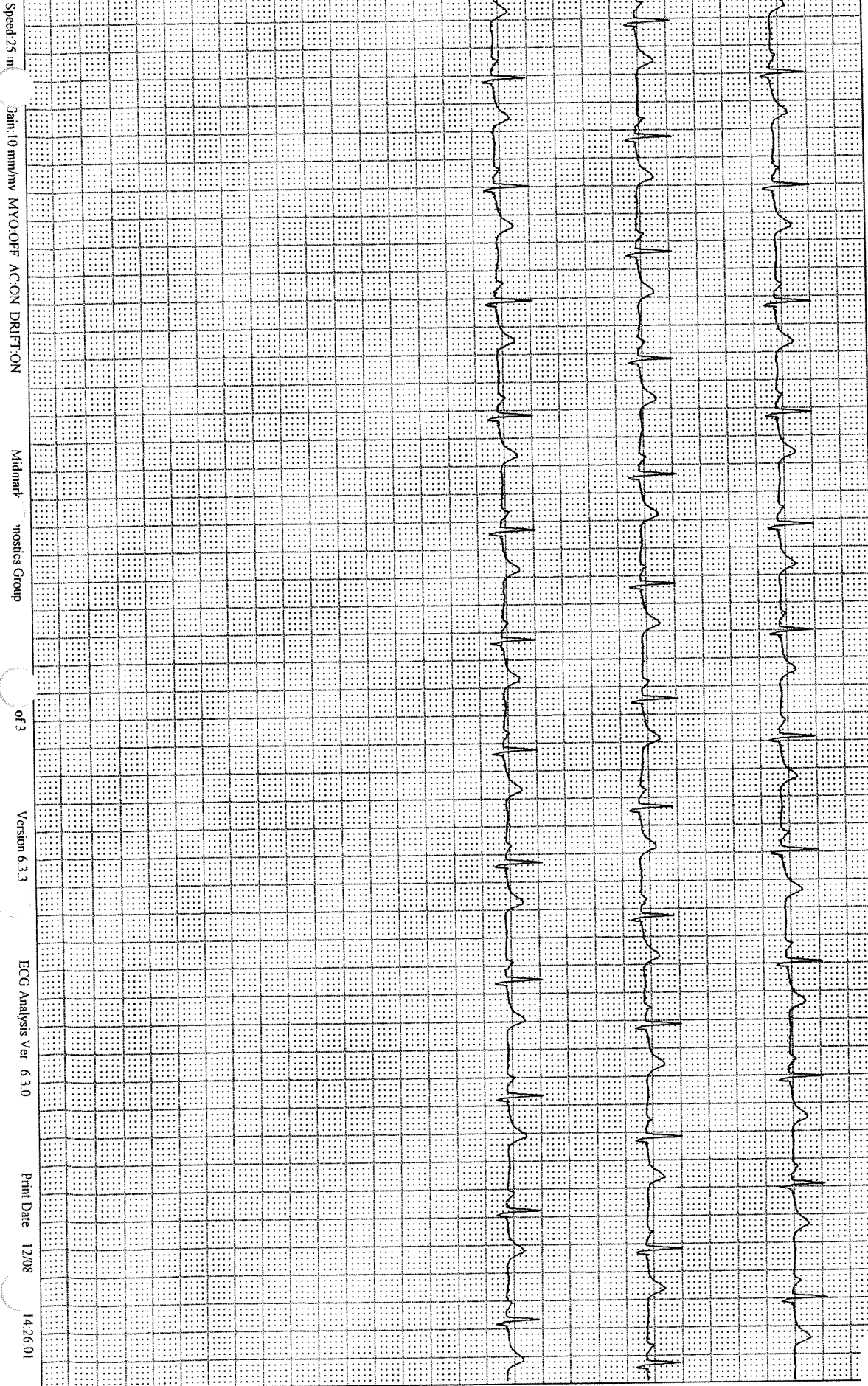
Wiggins-12



Name:	KIM ALLEN	Midmark Diagnostics Group	Duration:	90	sec	Number of RR Interval:	107	BPM
ID:	81499	Req. Physician: Wiggins, MD	Beats:	108		Mean HR:	74	msec
Sex:	Female	Technician: Theresa Ambro	Normal:	104		Mean RR:	806	msec
BP:		History:	Premature:	0		Max RR:	862	msec
Weight:	lbs	Medication:	VECs:	0		Min RR:	756	msec
Height:	inches	Date of Report:	PACs:	0		Max/Min:	114 %	
Age:	34 Years	Reviewed By:				R-R SD:	26	
Comments:	Unconfirmed Report	Review Date:				R-R CV:	3 %	



Name: KIM ALLEN		Midmark Diagnostics Group	
ID: 81499		Req. Physician: Wiggins, MD	
Sex: Female		Technician: Theresa Ambro	
BP:		History:	
Weight: lbs		Medication:	
Height: inches		Date of Report: 12/08/04	14:25:53
Age: 34 Years		Reviewed By:	
Comments: Unconfirmed Report		Review Date:	
Duration: 90 sec		Beats: 108	
Normal: 104		Premature: 0	
VECs: 0		PACs: 0	
Mean HR: 74		Mean RR: 806	
Max RR: 862		Min RR: 756	
Max/Min: 114 %		R-R SD: 26	
R-R CV: 3 %			
Number of RR Interval: 107		BPM	





PATIENT INFORMATION
ALLEN, KIM A

REPORT STATUS **FINAL**

QUEST DIAGNOSTICS INCORPORATED

DOB: 05/19/1970 AGE: 34
GENDER: F
SSN: 534-92-0007
ID: 81499.0
PHONE: 907.337.8895

ORDERING PHYSICIAN
WIGGINS, THOMAS

SPECIMEN INFORMATION

SPECIMEN: OW0247080
REQUISITION: 0019693

CLIENT INFORMATION
N99507200 MAILOUT
MEDICAL PARK FAMILY CARE
STE 101
2211 E NORTHERN LIGHTS BLVD
ANCHORAGE, AK 99508-4129

COLLECTED: 12/08/2004 14:40 PT
RECEIVED: 12/08/2004 17:31 PT
REPORTED: 12/09/2004 07:05 PT

DEC 09 2004
Card sent / TR NL
87

COMMENTS: LAB REF NO: ALLEN

Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLT)				NW
WHITE BLOOD CELL COUNT	6.6		3.8-10.8 THOUS/MCL	
RED BLOOD CELL COUNT	4.63		3.80-5.10 MILL/MCL	
HEMOGLOBIN	13.3		11.7-15.5 G/DL	
HEMATOCRIT	39.3		35.0-45.0 %	
MCV	84.9		80.0-100.0 FL	
MCH	28.8		27.0-33.0 PG	
MCHC	33.8		32.0-36.0 G/DL	
RDW	12.8		11.0-15.0 %	

PLATELET COUNT	425	H	140-400 THOUS/MCL	
ABSOLUTE NEUTROPHILS	4250		1500-7800 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	1769		850-3900 CELLS/MCL	
ABSOLUTE MONOCYTES	389		200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	152		15-500 CELLS/MCL	
ABSOLUTE BASOPHILS	40		0-200 CELLS/MCL	
NEUTROPHILS	64.4		%	
LYMPHOCYTES	26.8		%	
MONOCYTES	5.9		%	
EOSINOPHILS	2.3		%	
BASOPHILS	0.6		%	
SED RATE BY MODIFIED WESTERGREN, MANUAL				AB
SED RATE BY MODIFIED WESTERGREN	7		< OR = 20 MM/HR	
TSH	3.03		MIU/L	NW

> 20 YEARS: 0.40-5.50

FOR PREGNANT PATIENTS:

FIRST TRIMESTER 0.30-4.50
SECOND TRIMESTER 0.50-4.60
THIRD TRIMESTER 0.80-5.20

2

ALLEN, KIM A - OW0247080

END DATA
Page 1 - Continued on Page 2

4

Wiggins-15

MEDICAL PARK FAMILY CARE INC.

CHART NOTES

NAME <u>Allen, Kim</u>		DATE OF BIRTH <u>5/16/70</u>	
DATE <u>DEC 08 2004</u>	TIME IN	TIME OUT	PHONE <u>223-8728</u>
HPI: Location, quality, duration, severity, timing, context, modifying factors, associated signs & symptoms		ROS:	NEG POS
SUBJECTIVE: <u>34 y o.o. Under a lot of stress - emotional problems</u>		Const.	
		EYES	
		ENT/Mouth	
		CV	
		Resp.	
		GI	
		GU	
		Musc.	
		Skin	
		Neuro.	
		Psych.	
		Endoc.	
		Heme/Lymph	
		Aller/Immun	
		Exam:	WNL
Eyes			
ENT/Mouth			
CV			
Resp.			
GI			
GU			
Musc.			
Skin			
Neuro.			
Psych.			
Heme/Lymph			
Const.			
NO EXAM			
OBJECTIVE:		ALLERGIES: <u>See list</u>	
ASSESSMENT:		SMOKER YES / NO <u>(NO)</u>	
PLAN:		BP: <u>122/74</u>	
Greater than 50 % of time spent in counseling / coordination of care YES / NO		TEMP: <u>97.6</u>	
		PULSE: <u>72</u>	
		HEIGHT: <u>5'5"</u>	
		WEIGHT: <u>157</u>	
		LMP: <u>12-3-04</u>	
		MEDICATIONS: <u>Ibuprofen</u>	
		Reviewed/updated	
		PMHx YES / NO	
		Fam Hx YES / NO	
		Social YES / NO	
		Dictated <u>(YES)</u> / NO	
		Signature <u>[Signature]</u>	